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03 FC:6001		30.00 OP			Dramer	31,2008	(Date)			
APPLICATION NO.		FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/612,484 07/02/2003 Candice B. Kissinger P00727-US-01 349 TITLE OF INVENTION: DEVICE AND METHOD FOR DRUG DELIVERY TO ANIMALS (00872.0010)										
APPLN. TYPE	SMALL ENTITY	ISSUB F	BB DUR	PUBLICATION FBB DUB	PREV, PAID ISSUE FEB	TOTAL FBB(S) DUE	DATE DUE			
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recordation as set for	th in 37 CFR 3.11. Com	ified below, pletion of thi	no assignee s form is NO	T a substitute for filing an	-	•	nument has been filed for			
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Bioanalytica	l Systems, Inc.			West Lafayett	e, Indiana					
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual Corporati	on or other private grou	pentity Government			
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					the applicant; a registered a					
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Typed or printed nam	e Natalie J. Dear	<u> </u>			Registration No.	59,073				
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APP	LICATION NO.	FILING DATE		FIRST NAMED INVENTO	R ATTO	RNBY DOCKBT NO.	CONFIRMATION NO.		
TITLE (10/612,484 OF INVENTION	07/02/2003 : DEVICE AND METH	OD FOR DRUG DELIV	Candico B. Kissinger ERY TO ANIMALS	1	P00727-US-01 (00872.0010)	3493		
API	PLN. TYPE	SMALL ENTITY	ISSUB FBB DUR	PUBLICATION FBB DUB	PREV. PAID ISSUE FEE	TOTAL BORGO DATA			
non	provisional	YES	\$755	\$300	\$0	TOTAL FEE(S) DUE	DATE DUE		
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Addre PTO/S Numb 3. ASSIG PLEA record	nange of corresponses form PTO/SB on Address" indicable (SB/47; Roy 03-02) or is required.	cation (or "Pee Address" 2 or more recent) attached ND RESIDENCE DATA ass an assignee is identi- in 37 CFR 3.11. Compl	nge of Correspondence Indication form d. Use of a Customer TO BE PRINTED ON 7	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.					
-		Systems, Inc.		(B) RESIDENCE: (CITY and STATE OR COUNTRY) West Lafayette, Indiana					
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4a, The fo X Issu X Put X Adv	ollowing fee(s) ar ne Fee olication Fee (No yance Order - #	small entity discount pe	4b ermitted)	 D. Payment of Pec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0007 (enclose an extra copy of this form). 					
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	ized Signature	Matalie	Dean		Date /2/3/				
Typed o	or printed name	Natalie J. Dean		· · · · · ·	Registration No.	59 073	· .		
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